

## Indiana Patient Registry Training

Referring Hospital

This tab is used to capture anything regarding the referring facility, including vital signs and the results of tests.

# Referring Hospital Screen

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI
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▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Validity: 33%  
 Status: In Progress  
 Lock: Unlocked  
 Import Status: Typed In  
 Entered: 08/13/12 by Derek Zollinger

Trauma Registry #: IT-120813-116  
 Patient: ,  
 Medical Record Number:  
 NTR Inclusion: No  
 Updated: 08/13/12 by Derek Zollinger

⚠ Referring has not been submitted.

Referring Hospital	Arrival Date	Time	Discharge Date	Time	Length of Stay	Physician Name
No Referring Hospitals Have Been Entered						

Transported to referring facility by: Not Applicable

Referring Hospital: -- Please Select Facility Name --

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable Patient's Age is over 2 yrs.

GCS Qualifier: Not Applicable  
 Patient Chemically Sedated  
 Obstruction To The Patient Eye  
 Patient Intubated

Hospital ICU: Not Applicable

Hospital OR: Not Applicable

CPR Performed: Not Applicable

CT Head: Not Applicable

CT Cervical: Not Applicable

CT Abd/Pelvis: Not Applicable

CT Chest: Not Applicable

Abdominal Ultrasound: Not Applicable

Aortogram: Not Applicable

Arrival Date:  Time:

Discharge Date:  Time:

Physician Name:

Temperature:  °C  °F

Sys. BP:  Dia. BP:  Pulse Rate:  Resp. Rate:  SpO2:

Calc. GCS:  Manual GCS:  RTS:

Arteriogram: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:  Add

You know you are on the “Referring” tab when the tab is highlighted. The information on the screen should be the same as what you see here.

## Referring Hospital Screen (2)

▼ **Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116**

Validity: 33%  
Status: In Progress  
Lock: Unlocked ▼  
Import Status: Typed In  
Entered: 08/13/12 by Derek Zollinger

⚠ Referring has not been submitted.

Referring Hospital	Arrival Date	Time	D
No Referring Hospitals Have			

Transported to referring facility by Not Applicable ▼

Referring Hospital

Favorites ▼ -- Please Select Facility Name -- ▼

The “Transported to referring facility by” element (TR33.48) is defined as the mode of transport delivering the patient to the referring hospital. Select an option from the drop-down menu.

It is highly recommended to set up several Favorite Referring Hospitals to quickly fill in the Referring Hospital Name. If you already have hospital names set up, you can click on the drop-down menu to select the state in which the Referring Hospital is located.

## Referring Hospital Screen (3)

Referring Hospital	Arrival Date	Time	Discharge Date	Time	Length of
No Referring Hospitals Have Been Entered					
Transported to referring facility by	Not Applicable				
Referring Hospital	Arrival Date		Time		
Favorites	-- Please Select Facility Name --				
Glasgow Eye	Not Applicable				
Glasgow Verbal	Not Applicable		Patient's Age is over 2 yrs.		
Glasgow Motor	Not Applicable		Patient's Age is over 2 yrs.		
GCS Qualifier	Not Applicable		Patient Chemically Sedated		
Obstruction To The Patient Eye					
Patient Intubated					

The “Referring Hospital” element (TR33.1) is defined as the name of the referring hospital. Select an option from the drop-down menu.

The “Arrival Date” element is defined as the date the patient arrived at the referring hospital. If you would prefer not to type in the date, click on the calendar icon and select a date.

## Referring Hospital Screen (4)

e		Discharge Date	Time	Length of Stay	Physician Name	
itals Have Been Entered						
Arrival Date		Time		Discharge Date		Time
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Temperature		°C		°F		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
Sys. BP		Dia. BP		Pulse Rate		Resp. Rate
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
SpO2		Calc. GCS		Manual GCS		RTS
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

Patient Chemically Sedated

The “Time” element (TR33.41) is defined as the time the patient arrived at the referring hospital.

The “Discharge Date” element (TR33.30) is defined as the date the patient was discharged from the referring hospital. If you would prefer not to type in the date, click on the calendar icon and select a date.

## Referring Hospital Screen (5)

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI
<b>▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116</b>									
Validity: 33% Status: In Progress Locks: Unlocked Import Status: Typed In Entered: 08/13/12 by Derek Zollinger				Trauma Registry #: IT-120813-116 Patient: , Medical Record Number: NTR Inclusion: No Updated: 08/13/12 by Derek Zollinger					
<b>⚠ Referring has not been submitted.</b>									
Referring Hospital		Arrival Date	Time	Discharge Date	Time	Length of Stay	Physician Name		
No Referring Hospitals Have Been Entered									
Transported to referring facility by: Not Applicable									
Referring Hospital Favorites -- Please Select Facility Name --				Arrival Date		Time	Discharge Date		Time
Glasgow Eye: Not Applicable				Temperature		Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
Glasgow Verbal: Not Applicable				Calc. GCS		Manual GCS	RTS	SpO2	
Glasgow Motor: Not Applicable				Patient's Age is over 2 yrs.					
GCS Qualifier: Not Applicable									
Patient Chemically Sedated Obstruction To The Patient Eye Patient Intubated									
Hospital ICU: Not Applicable		CT Abd/Pelvis: Not Applicable		Arteriogram: Not Applicable		Medications: Add			
Hospital OR: Not Applicable		CT Chest: Not Applicable		Airway Management: Not Applicable					
CPR Performed: Not Applicable		Abdominal Ultrasound: Not Applicable		Destination Determination: Not Applicable					
CT Head: Not Applicable		Aortogram: Not Applicable							
CT Cervical: Not Applicable									

The “Time” element (TR33.42) is defined as the time the patient was discharged from the referring hospital.

The “Physician Name” element (TR33.4) is defined as the name of the patient’s referring physician.

The “Glasgow Eye” element (TR33.12) is defined as the first recorded Glasgow Coma Score for the eye at the referring hospital. This value is used to calculate the overall GCS score for the Referring Hospital. Select an option from the drop-down menu.

## Referring Hospital Screen (6)

The screenshot displays a web form titled "Referring Hospital". It contains several dropdown menus and text fields. At the top, there is a "Favorites" dropdown and a text field labeled "-- Please Select Facility Name --". Below these are four rows of dropdown menus: "Glasgow Eye", "Glasgow Verbal", "Glasgow Motor", and "GCS Qualifier". The "Glasgow Verbal" and "Glasgow Motor" dropdowns have a note "Patient's Age is over 2 yrs." next to them. The "GCS Qualifier" dropdown is open, showing options: "Not Applicable", "Patient Chemically Sedated", "Obstruction To The Patient Eye", and "Patient Intubated". To the right of the "GCS Qualifier" dropdown is a button labeled "Patient Chem". At the bottom, there are two more rows: "Hospital ICU" and "Hospital OR", both with "Not Applicable" selected. To the right of these is a "CT Abd/Pelvis" dropdown with "Not Applicable" selected. The form is set against a light blue background.

The "Glasgow Verbal" element (TR33.13.0) is defined as the first recorded Glasgow Coma Score for verbal at the referring hospital. This value is used to calculate the overall GCS score for the Referring Hospital. Select an option from the drop-down menu.

The "Glasgow Motor" element (TR33.14.0) is defined as the first recorded Glasgow Coma Score for motor at the referring hospital. This value is used to calculate the overall GCS score for the Referring Hospital. Select an option from the drop-down menu.

## Referring Hospital Screen (7)

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI
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▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

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Trauma Registry #: IT-120813-116  
 Patient: ,  
 Medical Record Number:  
 NTR Inclusion: No  
 Updated: 08/13/12 by Derek Zollinger

⚠ Referring has not been submitted.

Referring Hospital	Arrival Date	Time	Discharge Date	Time	Length of Stay	Physician Name
No Referring Hospitals Have Been Entered						

Transported to referring facility by: Not Applicable

Referring Hospital:   
 Favorites: -- Please Select Facility Name --

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable Patient's Age is over 2 yrs.

GCS Qualifier:   
 Not Applicable  
 Patient Chemically Sedated  
 Obstruction To The Patient Eye  
 Patient Intubated  
 Patient Chemically Sedated

Hospital ICU: Not Applicable

Hospital OR: Not Applicable

CPR Performed: Not Applicable

CT Head: Not Applicable

CT Cervical: Not Applicable

CT Abdi/Pelvis: Not Applicable

CT Chest: Not Applicable

Abdominal Ultrasound: Not Applicable

Aortogram: Not Applicable

Temperature:   
 °C   
 °F

Sys. BP:   
 Dia. BP:   
 Pulse Rate:   
 Resp. Rate:   
 SpO2:

Calc. GCS:   
 Manual GCS:   
 RTS:

Arteriogram: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:   
 Add

The “GCS Qualifier” element (TR33.16) is defined as the documentation of factors potentially affecting the first assessment of GCS at the referring hospital. Select multiple qualifiers (up to three) by holding down the ‘Shift’ key.

The “Temperature” element (TR33.7) is defined as the first recorded temperature (in degrees Celsius or Fahrenheit) at the referring hospital. Enter Celsius or Fahrenheit and it will auto-generate the Fahrenheit or Celsius, respectively.



## Referring Hospital Screen (8)

Discharge Date		Time	Length of Stay	Physician Name	
Have Been Entered					
Arrival Date		Time	Discharge Date		Time
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
Physician Name		<input type="text"/>			
Temperature		Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
<input type="text"/> °C	<input type="text"/> °F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SpO2	<input type="text"/>				
Calc. GCS	Manual GCS	RTS			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

The “Sys. BP” element (TR33.5) is defined as the first recorded systolic blood pressure at the referring hospital. It is used to auto-calculate the Revised Trauma Score for the referring hospital.

The “Dia. BP” element (TR33.40) is defined as the first recorded diastolic blood pressure at the referring hospital.

The “Pulse Rate” element (TR33.6) is defined as the first recorded pulse rate (palpated or auscultated) at the referring hospital, expressed as a number per minute.

## Referring Hospital Screen (9)

Discharge Date		Time	Length of Stay		Physician Name	
ve Been Entered						
Arrival Date		Time	Discharge Date		Time	Physician Name
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Temperature			Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
<input type="text"/>	°C	<input type="text"/>	°F	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calc. GCS	Manual GCS	RTS				
<input type="text"/>	<input type="text"/>	<input type="text"/>				

The “Resp. Rate” element (TR33.8) is defined as the first recorded respiratory rate at the referring hospital, expressed as a number per minute. It is used to auto-calculate the Revised Trauma Score for the referring hospital.

The “SpO2” element (TR33.11) is defined as the first recorded oxygen saturation at the referring hospital (expressed as a percentage).

The “Manual GCS” element (TR33.15) is defined as the first recorded Glasgow Coma score (total) at the referring hospital. Utilize this field only if the total score is available but the component scores are not. The GCS is used to auto-generate an additional calculated field: Revised Trauma Score – Referring (adult & pediatric).

## Referring Hospital Screen (10)

Discharge Date		Time	Length of Stay		Physician Name	
ve Been Entered						
Arrival Date		Time	Discharge Date		Time	Physician Name
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
Temperature			Sys. BP	Dia. BP	Pulse Rate	Resp. Rate
<input type="text"/>	°C	<input type="text"/>	°F	<input type="text"/>	<input type="text"/>	<input type="text"/>
Calc. GCS	Manual GCS	RTS				
<input type="text"/>	<input type="text"/>	<input type="text"/>				

The “(Revised Trauma Score) RTS” element (TR33.17) is defined as the physiological scoring system used to predict death from injury or need for trauma center care. It is scored based upon the initial vital signs obtained from the patient at the referring hospital setting. It is auto-generated for the adult population.

The “(Pediatric Trauma Score) PTS” element (TR33.32) is the Pediatric Trauma Score and is auto-generated. This element only appears if the patient’s age is 0-2 years old.

## Referring Hospital Screen (11)

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications:
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	<b>Add</b>
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

**Add Referring Hospital**

:k **Save**

The “Hospital ICU” element (TR33.18) is a determination of whether or not the patient went to the ICU at the referring hospital. Select from a drop-down menu.

The “Hospital OR” element (TR33.19) is a determination of whether or not the patient went to the OR at the referring hospital. Select from a drop-down menu.

The “CPR Performed” element (TR33.20) is an indication as whether CPR management was conducted while under the care of the referring hospital. Select an option from the drop-down menu.

## Referring Hospital Screen (12)

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications:
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	<b>Add</b>
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

**Add Referring Hospital**

:k

**Save**

The “CT Head” element (TR33.21) is an indication as to if this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

The “CT Cervical” element (TR33.33) is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

The “CT Abd/Pelvis” element is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

## Referring Hospital Screen (13)

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications:
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	<input type="button" value="Add"/>
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

The “CT Chest” element (TR33.23) is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

The “Abdominal Ultrasound” element (TR33.24) is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

The “Aortogram” element (TR33.25) is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

## Referring Hospital Screen (14)

Hospital ICU	Not Applicable	CT Abd/Pelvis	Not Applicable	Arteriogram	Not Applicable	Medications:
Hospital OR	Not Applicable	CT Chest	Not Applicable	Airway Management	Not Applicable	<b>Add</b>
CPR Performed	Not Applicable	Abdominal Ultrasound	Not Applicable	Destination Determination	Not Applicable	
CT Head	Not Applicable	Aortogram	Not Applicable			
CT Cervical	Not Applicable					

**Add Referring Hospital**

:k

**Save**

The “Arteriogram” element (TR33.26) is an indication whether this procedure was performed while under the care of the referring hospital. Select an option from the drop-down menu.

The “Airway Management” element (TR33.27) is an indication whether a device or procedure was used to prevent or correct an obstructed airway passage while under the care of the referring hospital. Select an option from the drop-down menu.

The “Destination Determination” element is the reason the facility transferred this patient to another acute care hospital. Select an option from the drop-down menu.

The “Add Medications” element indicates which, if any, medications were administered to the patient while under the care of the referring hospital.

## Referring Hospital Screen – Medications

NTR Inclusion: No  
Updated: 08/13/12 by

**Add Drugs**

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> ACLS drugs	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Adenosine	<input type="checkbox"/> Flagyl (Metronidazole)	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Albuterol	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Geodon (Ziprasidone)	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Ancef (Cefazolin)	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Anectine (Succinylcholine)	<input type="checkbox"/> Haldol (Haloperidol)	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Antibiotic	<input type="checkbox"/> Heparin	<input type="checkbox"/> Phytonadione (Vitamin K)
<input type="checkbox"/> Aspirin (ASA)	<input type="checkbox"/> Inderal (Propranolol)	<input type="checkbox"/> Prasugrel
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/> Insulin	<input type="checkbox"/> Procainamide
<input type="checkbox"/> Atracurium	<input type="checkbox"/> Isuprel (Isoproterenol)	<input type="checkbox"/> Propofol
<input type="checkbox"/> Atropine	<input type="checkbox"/> Lasix (Furosemide)	<input type="checkbox"/> Protonix (Pantoprazole)
<input type="checkbox"/> Atrovent (Ipratropium)	<input type="checkbox"/> Levaquin (Levofloxacin)	<input type="checkbox"/> Rapid Sequence Induction
<input type="checkbox"/> Benadryl (Diphenhydramine)	<input type="checkbox"/> Levophed (Norepinephrine)	<input type="checkbox"/> Reglan (Metoclopramide)
<input type="checkbox"/> Bretylium	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Rocephin (Ceftriaxone)
<input type="checkbox"/> Calcium chloride	<input type="checkbox"/> Lovenox (Enoxaparin)	<input type="checkbox"/> Sodium bicarbonate
<input type="checkbox"/> Cardizem (Diltiazem)	<input type="checkbox"/> Magnesium Sulfate	<input type="checkbox"/> Sodium nitroprusside
<input type="checkbox"/> Cerebyx (Fosphenytoin)	<input type="checkbox"/> Mannitol	<input type="checkbox"/> Tetanus (TT, DT, or DPT)
<input type="checkbox"/> Chest tube	<input type="checkbox"/> Methylprednisolone	<input type="checkbox"/> Thiamine (Vitamin B1)

The “Add Medications” element (TR33.43) indicates which, if any, medications were administered to the patient while under the care of the referring hospital. When you click on the “Add Medications” button, it pulls up a list of medications to choose from. You can select multiple boxes that apply to the patient. When you are done selecting medications, click the “Save” button to return to the main Referring Hospital Screen.



# Referring Hospital Screen – Add Referring Hospital

Transported to referring facility by: Not Applicable

Referring Hospital: Favorites -- Please Select Facility Name --

Glasgow Eye: Not Applicable

Glasgow Verbal: Not Applicable Patient's Age is over 2 yrs.

Glasgow Motor: Not Applicable Patient's Age is over 2 yrs.

GCS Qualifier: Not Applicable  
Patient Chemically Sedated  
Obstruction To The Patient Eye  
Patient Intubated

Hospital ICU: Not Applicable

Hospital OR: Not Applicable

CPR Performed: Not Applicable

CT Head: Not Applicable

CT Cervical: Not Applicable

CT Abd/Pelvis: Not Applicable

CT Chest: Not Applicable

Abdominal Ultrasound: Not Applicable

Aortogram: Not Applicable

Arrival Date: Time Discharge Date: Time Physician Name

Temperature: °C °F Sys. BP Dia. BP Pulse Rate Resp. Rate SpO2

Calc. GCS Manual GCS RTS

Arteriogram: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications: Add

Add Referring Hospital

Back

Save

Save and Continue

Once you have entered all available information, in order to save the changes you made, click the “Add Referring Hospital” button.

# Referring Hospital Screen – Add Referring Hospital (2)

Referring Hospital				Arrival Date	Time	Discharge Date	Time	Length of Stay	Physician Name																																																														
<div> </div>										✖																																																													
Transported to referring facility by: Not Applicable				CPR Performed: Not Applicable		Airway Management: Not Applicable		Medical Record Number:	Destination Determination: Not Applicable																																																														
<table border="1"> <tr> <td colspan="10">Medications:</td> </tr> <tr> <td>Eye</td> <td>Verbal</td> <td>Motor</td> <td>GCS Qualifier</td> <td>SBP</td> <td>DBP</td> <td>Pulse Rate</td> <td>Resp. Rate</td> <td>Resp.Assistance</td> <td>SpO2</td> <td>GCS</td> <td>RTS</td> <td>PTS</td> </tr> <tr> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td></td> <td></td> <td></td> <td></td> <td>Not Applicable</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Hospital ICU</td> <td colspan="2">Hospital OR</td> <td>CT Head</td> <td>CT Abd/Pelvis</td> <td>CT Chest</td> <td>CT Cervical</td> <td>Abdominal Ultrasound</td> <td>Aortogram</td> <td colspan="3">Arteriogram</td> </tr> <tr> <td colspan="2">Not Applicable</td> <td colspan="2">Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td>Not Applicable</td> <td colspan="3">Not Applicable</td> </tr> </table>										Medications:										Eye	Verbal	Motor	GCS Qualifier	SBP	DBP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS	Not Applicable	Not Applicable	Not Applicable	Not Applicable					Not Applicable					Hospital ICU		Hospital OR		CT Head	CT Abd/Pelvis	CT Chest	CT Cervical	Abdominal Ultrasound	Aortogram	Arteriogram			Not Applicable		Not Applicable		Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable		
Medications:																																																																							
Eye	Verbal	Motor	GCS Qualifier	SBP	DBP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS																																																											
Not Applicable	Not Applicable	Not Applicable	Not Applicable					Not Applicable																																																															
Hospital ICU		Hospital OR		CT Head	CT Abd/Pelvis	CT Chest	CT Cervical	Abdominal Ultrasound	Aortogram	Arteriogram																																																													
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Transported to referring facility by: Not Applicable				Arrival Date		Time		Discharge Date		Time	Physician Name																																																												
Referring Hospital Favorites ▾ -- Please Select Facility Name -- ▾				<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																																																													

Once you click the “Add Referring Hospital” button, the screen will refresh and a yellow box will appear. To make changes to any of the information just entered, click the clipboard and pencil icon on the left-hand side of the screen. You can also add additional referring hospitals if need be. Return to the beginning of this presentation to follow the steps to add an additional referring hospital.

You can delete Referring Hospital Information by clicking on the red X Icon on the right-hand side of the screen.

# Referring Hospital Screen – Save and Continue

The screenshot displays a web-based form titled "Referring Hospital Screen – Save and Continue". The form is organized into several sections for data entry:

- Transported to referring facility by:** A dropdown menu with "Not Applicable" selected.
- Referring Hospital:** Includes a "Favorites" dropdown and a main dropdown with the placeholder "-- Please Select Facility Name --".
- Glasgow Eye:** A dropdown menu with "Not Applicable" selected.
- Glasgow Verbal:** A dropdown menu with "Not Applicable" selected, followed by a checkbox labeled "Patient's Age is over 2 yrs."
- Glasgow Motor:** A dropdown menu with "Not Applicable" selected, followed by a checkbox labeled "Patient's Age is over 2 yrs."
- GCS Qualifier:** A dropdown menu with "Not Applicable" selected. The dropdown list is open, showing options: "Not Applicable", "Patient Chemically Sedated", "Obstruction To The Patient Eye", and "Patient Intubated".
- Hospital ICU:** A dropdown menu with "Not Applicable" selected.
- Hospital OR:** A dropdown menu with "Not Applicable" selected.
- CPR Performed:** A dropdown menu with "Not Applicable" selected.
- CT Head:** A dropdown menu with "Not Applicable" selected.
- CT Cervical:** A dropdown menu with "Not Applicable" selected.
- CT Abd/Pelvis:** A dropdown menu with "Not Applicable" selected.
- CT Chest:** A dropdown menu with "Not Applicable" selected.
- Abdominal Ultrasound:** A dropdown menu with "Not Applicable" selected.
- Aortogram:** A dropdown menu with "Not Applicable" selected.
- Arrival Date Time:** Two input fields for date and time.
- Discharge Date Time:** Two input fields for date and time.
- Physician Name:** An input field.
- Temperature:** Two input fields for °C and °F.
- Sys. BP, Dia. BP, Pulse Rate, Resp. Rate, SpO2:** Five input fields for vital signs.
- Calc. GCS, Manual GCS, RTS:** Three input fields for GCS scores.
- Arteriogram:** A dropdown menu with "Not Applicable" selected.
- Airway Management:** A dropdown menu with "Not Applicable" selected.
- Destination Determination:** A dropdown menu with "Not Applicable" selected.
- Medications:** A text area with an "Add" button.
- Buttons:** At the bottom left is a "Back" button. At the bottom right are "Save" and "Save and Continue" buttons.

Click the "Save and Continue" button to save the information just entered and to continue to the next tab. Clicking the "Save" button will save the information, but you will not progress to the next tab.